
Purpose

Certification Forms/ Minimum Requirements

The minimum requirements for the WIC Certification Form, as established by 246.7 (i) are:

1. Name and address of applicant
2. Date of initial visit to apply for benefits
3. An indication of whether the applicant was physically present at certification and if not, the reason why an exception was granted
4. Information regarding income eligibility
5. A description of the document(s) used to determine residency
6. A description of the document(s) used to determine identity
7. A description of the document(s) used to determine income eligibility OR that the applicant has no income
8. Date of certification and medical data
9. Height/length, weight, and hematological test results. Pregnant women may be temporarily certified in the absence of bloodwork under special circumstances. See Vol.II, Section B, page 5 for more information. Pregnant women may be certified as presumptive eligible. See Vol. II, Sections B, and D for more information.
10. Nutritional risks which established eligibility
11. Signature and title of the Competent Professional Authority making the nutrition risk determination and if different, the signature and title of the person responsible for determining income eligibility
12. The following statement, with a space for the applicant or responsible party to sign after reading or having read to them the statement.

I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge.

**Certification Forms/
Minimum
Requirements (cont.)**

This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

13. A statement regarding release of information if the State Health Officer has authorized disclosure of information to specific public organizations.

**WIC Certification
Forms**

The Nebraska WIC Program uses two forms to meet the above requirements. The forms are:

WIC Certification Data Form -- this form is printed directly from the computer system and contains all of the demographic, medical, and assessment information for the WIC client.

WIC Certification Signature Form – this form contains the participant rights and responsibilities, fair hearing information, dual participation statements, voter registration, participant or guardian signature, income, residency and identification documentation, applicant presence in clinic, staff signatures, and documentation of notice of expiration of benefits and program eligibility.

These forms also serve as data collection instruments, in the event of computer system failure, for the following:

1. The National WIC Minimum Data Set as established by USDA
2. Pregnancy Nutrition Surveillance System
3. Pediatric Nutrition Surveillance System
4. Participant food prescription and subsequent generation of WIC checks
5. Information used in program management and evaluation

**When to Print
Certification Data
Form**

Certification Data Forms must be printed at the initial visit and each certification visit thereafter.

**Certification Form
Revisions**

The Certification Forms are designed and produced by the State WIC office in consultation with the Local Agencies.

Revisions to the Certification Forms are made as necessary.

Using the Signature Form

The Certification Signature Form must be read and signed by each client/guardian at each certification before the process begins. Below are the steps to be followed to complete the Certification Signature Form.

Step	Action
1	Have client read the form.
2	Have client read and then initial and date the WIC dual participation statement. If they are unable to read the statement, staff should read it to them.
3	Have client read and then initial and date the CSFP/WIC dual participation statement. If they are unable to read the statement staff should read it to them.
4	Complete voter registration box according to guidelines found in Section B, page 6a of this manual.
5	The area marked “For Infant/Child Applicants Only” is used to indicate more than one guardian (i.e. the second parent) for the participant. This name would be placed on page 4 of the computer screen as the second responsible party, refer to the procedure later in this section of the manual.
6	The applicant/responsible party should sign and date in the area located on the back of the form after reading and indicating his/her relationship to the applicant (i.e. self, mother, etc.).
7	The “WIC Staff Only” area should be completed by WIC staff for each certification visit. Information to assist staff in completing this area follows as steps 6 through 13.
8	a. Adult ID Seen: _____ a _____ Minor ID Seen: _____ b _____ Date Seen: ____/ ____/ ____ Staff Initials: a _____ Date Seen: ____/ ____/ ____ Staff Initials b _____ a. The type of identification shown by the applicant or guardian should be listed here. Also the date identification was seen and initials of the staff person must be completed. Refer to the procedure in this section of the manual for the acceptable identification.
9	b. The birth certificate, custody papers, or other identification for minors should be indicated here. Also the date identification was seen and initials of the staff person must be completed. Refer to the procedure in this section of the manual for acceptable identification.

Step	Action																
10	<p>Certification Documentation: _____ Date of Certification: ____c____</p> <p>c. Each of the three boxes allows for the documentation requirements for one certification period. The date of the certification should be placed here.</p>																
11	<p>Applicant Present <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why ____d____</p> <p>d. Document if the applicant was present in the clinic at the certification by checking yes or no. If the applicant was not present in clinic during the visit staff should document the reason why.</p>																
12	<p>Residency Documentation Seen: ____e____ By: ____e____ Date Seen: ____e____</p> <p>e. The type of documentation shown for residency should be written in this space.</p>																
13	<p>Income Documentation Seen: ____f____ Income Eligible. By: ____f____ Date: ____f____</p> <p>f. The type of documentation shown for income should be written in this space. For more information on what is appropriate documentation for proof of income, refer to the procedure in section D of this manual.</p>																
14	<table border="0"> <thead> <tr> <th>Staff Signature/Title</th><th>Income Determination</th><th>Nutrition Risk Determination</th><th>Food Package Determination</th></tr> </thead> <tbody> <tr> <td>____g.____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>____g.____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>____g.____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> <p>g. The signature(s) and title(s) of staff who make the income and/or nutritional risk determination is placed here. For those agencies that require staff who assign the food package to sign, the signature would also be placed on a line. Staff should check the box(s) to indicate the determination(s) they made for this certification visit. Staff who make more than one determination need to only sign one line and check the appropriate boxes indicating the actions they took.</p>	Staff Signature/Title	Income Determination	Nutrition Risk Determination	Food Package Determination	____g.____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____g.____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____g.____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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____g.____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
15	<p>Notification That Benefits Are About To Expire Was Given This Date: ____h____ By: ____h____</p> <p>h. Fill in the date and staff initials when clients are given notification their benefits are about to expire.</p>																
16	<p>Ineligibility Notice Documentation: Ineligibility Letter Given This Date: ____i____ Staff Initials: ____I____ Termination Code: ____j____</p> <p>i. Fill in the date and staff initials when a client is terminated from the program and given an ineligibility letter documenting the reason for termination.</p> <p>j. List the termination code for this client.</p>																

**Translated
Version of
The Signature
Form**

The Certification Signature Form is available in Spanish. The Spanish version of the form may be ordered from the State WIC Office using the WIC Materials Order Form found in Section O of this volume.

**Retention of
Forms**

The Certification Signature Form with the original signature of the applicant/responsible party is retained in the applicant's file as the official documentation of application and eligibility determination.

The Certification Data Form is to be printed and retained in the applicant's file for each person applying for the program initially, and at each following certification visit.

**Completing
Certification
Information
In The
Computer
System**

At the time of the certification visit, all applicable information on the computer screens is to be completed. Detailed descriptions for completing this may be found in the Participant Processing User's Guide.

**Sample of
Forms**

A sample of the Certification Data Form, Certification Signature Form, and Spanish translation of the signature form follow as pages 2 j-k.

Front of WIC Certification Data Form

Back of WIC Certification Data Form

Front of WIC Signature Form

Back of WIC Signature Form

Front of Spanish WIC Signature Form

Back of Spanish WIC Signature Form